



Wisconsin Department of Revenue
PO Box 8946
Madison WI 53708-8946

LOCAL EXPOSITION TAX RETURN FOR ANNUAL FILERS

For reporting and paying
Local Exposition Taxes in: **Wisconsin Center District**

SS# or FEIN

Tax Account Number	Period Begin Date	Period End Date	Due Date
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☐ Check if this is an **AMENDED** return

☐ Check if address change
(Note changes on the back of the form)

☐ Check if business discontinued
(Note changes on the back of the form)

For 2010 annual filers.

Complete form using **BLACK INK**

NO COMMAS

Basic Room Tax	1 Taxable Receipts 1 _____
	2 Basic Room Tax (multiply Line 1 by _____) 2 _____
Additional Room Tax	For lodging furnished in: City of Milwaukee
	3 Taxable Receipts 3 _____
	4 Additional Room Tax (multiply Line 3 by _____) 4 _____
Food and Beverage Tax	5a Taxable Receipts (from January 1 – June 30) 5a _____
	5b Food and Beverage Tax (multiply Line 5a by _____) 5b _____
	6a Taxable Receipts (from July 1 – December 31) 6a _____
	6b Food and Beverage Tax (multiply Line 6a by _____) 6b _____
Rental Car Tax	7 Taxable Receipts 7 _____
	8 Rental Car Tax (multiply Line 7 by _____) 8 _____
Amount Due	9 TOTAL TAX DUE (add Lines 2, 4, 5b, 6b and 8) 9 _____
	10 Interest and Penalty (<i>see instructions</i>) 10 _____
	11 TOTAL AMOUNT DUE (add Lines 9 and 10) 11 _____

This return must be filed by the due date, even if you have no tax to report. Failure to timely file this return will result in a late filing fee and may result in additional penalties. Please see the instructions for additional information regarding the computation of penalties.

I hereby certify that the amounts entered on this return are true and correct to the best of my knowledge and belief.

Contact Name (<i>please print</i>)	Signature	Date	Phone ()
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Mail return and remittance to:

Wisconsin Department of Revenue
PO Box 8946
Madison WI 53708-8946

FOR DEPARTMENT USE ONLY



Phone: (608) 266-2776
E-Mail: DORBusinessTax@revenue.wi.gov
Web site: www.revenue.wi.gov

Business Discontinued Date:

MM DD YYYY

Please indicate reason for discontinuation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Merger with _____ | <input type="checkbox"/> Partner added |
| <input type="checkbox"/> Formed LLC | <input type="checkbox"/> Business did not materialize | <input type="checkbox"/> Partner dropped |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> No taxable activity | <input type="checkbox"/> Sold to _____ |
| <input type="checkbox"/> Other <i>(please explain)</i> | | |

☐ **Mailing Address Change**

Street Address or PO Box

City

State

Zip code

☐ **Business Location Change**

Street Address

City

State

Zip code